

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013975
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 122

FILED APR 23 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Chula	
Length of stay in 1b 3 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic		d. STREET ADDRESS (If outside, give location) RFD # 2	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Ralph R. Howell		4. DATE OF DEATH Month April Day 18 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-29-1898
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 10 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) watchmaker		10b. KIND OF BUSINESS OR INDUSTRY Jewelry	
11. BIRTHPLACE (City and state or country) Pueblo, Colo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME E.L. Howell		13b. MOTHER'S MAIDEN NAME Jessie VanRhoden	
14. NAME OF HUSBAND OR WIFE Leoma B. Howell, dec.		Address Kenneth Howell Chula, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Kenneth Howell		Address Chula, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exsanguination		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastric Hemorrhage		10 days
DUE TO (c) Carcinomatosis from bronchogenic carcinoma		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 4-17-62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	20f. CITY, TOWN, OR LOCATION Kirksville	COUNTY Mo. STATE
21. I attended the deceased from 4-17-62 to 4-18-62 and last saw him alive on 4-17-62 Death occurred at 7:02 A.M., 4-18-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) [Signature]		22a. ADDRESS Kirksville Osteopathic Hospital 800 W. Jefferson, Kirkville, Mo.	22c. DATE SIGNED 4-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-62	23c. NAME OF CEMETERY OR CREMATORY Maple Hills	23d. LOCATION (City, town, or county) (State) Kirkville, Mo.
24. FUNERAL DIRECTOR Dee Riley Funeral Home, Inc. 415 North Franklin Kirkville, Missouri		25. DATE RECD. BY LOCAL REG. April 19, 1962	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Permit issued April 19, 1962

Ross B. Thompson, D.O.

APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.